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Bib Data Sheet

CONFIRMATION NO. 3969

SERIAL NUMBER 10/736,422	FILING DATE 12/15/2003 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. MAI-97-3
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 03001416.1 01/22/2003

PL
 (certified copy
 not yet received
 12/12/2005 *PL*)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/24/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 7	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

Dental instrument for the extraction of an object from a root canal

FILING FEE RECEIVED 1226	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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